U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2///2	2. Fiscal Year Covered From:	
	[] / [] / 2004 Through: [2] / 3] / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name JOHN R BUETON	Name CHICAGO REGIONAL COUNCIL OF CAPPENTE	
	Labor Organization File Number 007-949	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street   12 3   SCHOOL   ST	Street 12 E. ERIE STREET	
city ROCKFORO	City CHICAGO	
State JLLINOIS ZIP Code + 4 6 0 0	State ILLINOIS ZIP Code + 4 60671	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of	
	to represent	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
	<del></del>	
Name and address of Employer (including trade name, if any).	<del></del>	
6. Name and address of Employer (including trade name, if any).  Name	<del></del>	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing JOHN R BURTON		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	formation of the state of the s		
Trade Name, if any:	a. Labor Organiza	lion	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	[12] C. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	o of such dealing	
City	12.a. Nature of interest hek		
State ZIP Code + 4			
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hittigicani in the second of t			
tions in the second sec			
historia de la compania de la compa			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the consultant to an employer and the consultant to an emp	parts A and B above)		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	parts A and B above)		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the state of th	parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the state of th	parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the state of th	parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the state of th	parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the state of th	parts A and B above) or other thing of value.		
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## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

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Date